

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000106478

Entity Name: OASIS RECOVERY & WELLNESS LLC

Current Principal Place of Business:

7350 LAKE WORTH RD
LAKE WORTH, FL 33467

Current Mailing Address:

1260 SW 8TH AVE
DEERFIELD BEACH, FL 33441 US

FEI Number: 81-2846520

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CELIAN, WADLEY
1260 SW 8TH AVE
DEERFIELD BEACH, FL 33441 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name CELIAN, WADLEY
Address 1260 SW 8TH AVE60 SW 8TH AVE
City-State-Zip: DEERFIELD BEACH FL 33441

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WADLEY CELIAN

AUTHORIZED MEMBER

04/17/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date